

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	\					
2	\					
3	\					
4	\					
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TOTAL IND.

2

TOTAL DEP.

8

TOTAL CLAIMS

10

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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